

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90001 007 \*\*\*550.00

**DOCUMENT # 507064**

1. Entity Name  
THARP PLUMBING SYSTEMS, INC.



Principal Place of Business  
625 WILMER AVE.  
ORLANDO, FL 32808

Mailing Address  
625 WILMER AVE.  
ORLANDO, FL 32808

**50021544**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
59-1674469

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THARP, JAMES W. JR.  
625 WILMER AVENUE  
ORLANDO, FL 32808

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME THARP, JAMES W., JR. ☐ Delete  
STREET ADDRESS 3076 TOTIKA COVE  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VP ☐ Change ☒ Addition  
NAME James C Jackson  
STREET ADDRESS 7527 Megan Elissa Lane  
CITY-ST-ZIP Orlando, FL 32819

TITLE V ☒ Delete  
NAME OSBORN, PAUL F. JR.  
STREET ADDRESS 1416 YATES ST  
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME WAYLANDER, E ELIZABETH  
STREET ADDRESS 9317 COMEAU STREET  
CITY-ST-ZIP GOTH A, FL 34734

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME HORN, DAVID T  
STREET ADDRESS 5200 KATILYNN DR  
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

Date

Daytime Phone #

407-295-2370